

PATENT APPLICATION

DECLARATION AND POWER OF ATTORNEY

ATTORNEY DOCKET NO. 50037.0237US01

MS DOCKET NO. 307764.01

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **Overwrite Detection Diagnostic For Memory Heap**

the specification of which is filed herewith unless the following box is checked:

☐ was filed on _____ as US Application Serial No. or PCT International Application
Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES: ____ NO: ____
			YES: ____ NO: ____

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) associated with

Customer No. 27488

to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to: Contact Name: Mark R. Hennings Merchant & Gould P.C. P.O. Box 2903 Minneapolis, MN 55402-0903	Direct Telephone Calls To: Contact Name: Mark R. Hennings Contact Phone Number: 206.342.6200
--	---

DECLARATION AND POWER OF ATTORNEY

ATTORNEY DOCKET NO.50037.0237US01

MS DOCKET NO. 307764.01

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Michael Swafford

Citizenship: USA

Residence: 2470 130th Avenue SE. Bellevue, WA 98005

Post Office Address: _____

Inventor's Signature

Date

Full Name of Inventor: Kevin Charles Chase

Citizenship: USA

Residence: 9301 Avondale Rd, N.E., Apt C-1012, Redmond, WA 98052

Post Office Address: _____

Inventor's Signature

Date